PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10694406

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			11	11:		·		RATE	FEE	٦	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FE	
7	OTAL CHARGE	ABLE CLAIMS	27 minus 20=		*			X\$ 9=	63	OR	X\$18=	
ΙN	DEPENDENT (CLAIMS	minus 3 = *					X43=		OR	X86=	
М	ULTIPLE DEPE	NDENT CLAIM F	PRESENT					+145=	145	OR		
*	f the difference	e in column 1 is	less than a	ess than zero, enter "0" in column			L	TOTAL	593	OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1)			<u>, </u>	(Colum		(Column 3)	· ·_	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT	,	HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus .	**		=		X\$ 9=		OR	X\$18=	
AM	Independent	* ENTATION OF M	Minus	PENDENT	CL ADA]=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL ODIT. FEE		ייילן	TOTAL ADDIT. FEE	
	, , , , , , , , , , , , , , , , , , , 	(Column 1)		(Colum	n 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	PENIDENT C		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	_
	•			•			<u>-</u>	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	<u> </u>
(Column 1) (Column 2) (Column 3)									•	• ^	DDII. FEE	
MEN	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		(\$ 9=		OR	X\$18=	
	Independent		Minus	***		=	上,	K43=		_ 	X86=	- · · · ·
	FIRST PRESEI	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		<u> </u>			OR	700=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
*** {	the "Highest Nurr the "Highest Nurr	nber Previously Pain nber Previously Pai per Previously Paid	d For" IN THIS id For" IN THIS	SPACE is le	ss than	20, enter "20."		TOTAL DIT. FEE	السيدسية		TOTAL DDIT. FEE	